



HANDBOOK ■ Services Guide

*Your guide to the services provided by your
Public Health Insurance Plans in Wyoming*

INSIDE:

- *What services are available under **EqualityCare** Plans.*
- *Who is eligible for the **EqualityCare** Programs.*
- *Your responsibilities as an **EqualityCare** client.*
- *Your rights as an **EqualityCare** client.*

Table of Contents

What is EqualityCare and Medicare?	2
Who may be eligible for EqualityCare?	2
How do I apply for EqualityCare Health Insurance? . .	3
How do I use the EqualityCare card?	5
What if I have EqualityCare Health Insurance and other health insurance or Medicare?	6
What if I am denied EqualityCare Health Insurance benefits?	7
What are my responsibilities while receiving EqualityCare?	9
What services are available through the EqualityCare Programs?	10
What are the limits and restrictions to the EqualityCare Programs?	16
What is Health?	18
When should I see a Health Care Provider?	19
What am I expected to do when I go to a clinic?	19
Clients should not be billed for these services	21
When should I go to the Emergency Room?	22
What are my Rights under the EqualityCare Health Insurance Programs?	23
What is Estate Recovery?	24
Important Reminders	25
Phone numbers by county	27

What is EqualityCare?

EqualityCare is the name chosen by the Wyoming Department of Health for its public health insurance programs. EqualityCare helps pay for certain health care services, and is available to qualifying families, children, individuals who are aged, blind or disabled, and qualified or non-qualified aliens.

EqualityCare includes Medicaid (Title 19), the Prescription Drug Assistance Program (PDAP) and Children's Special Health (CSH).

KidCare CHIP is not an EqualityCare program. If you apply for EqualityCare and do not qualify, you may be referred to KidCare CHIP.



What is Medicare?

Medicare is a Federal health insurance program for aged, blind or disabled individuals. Medicare is available to individuals receiving Social Security Disability Income (SSDI) or those aged 65 and older who are receiving Social Security payments. Medicare is not part of the EqualityCare program.

Who may be eligible for EqualityCare?

EQUALITYCARE HEALTH INSURANCE PROGRAMS MAY BE ABLE TO HELP:

- Parent(s) with children who have qualifying income.
- Pregnant women.
- Children through the age of 18.
- Children with special health needs who may be eligible for the Children's Special Health (CSH) program.
- Individuals receiving Supplemental Security Income (SSI) through Social Security.
- Individuals no longer receiving Supplemental Security Income (SSI) through Social Security.
- Individuals receiving Social Security benefits who are eligible for Medicare Part B Insurance.
- Individuals in need of nursing home care.
- Individuals who need care in an Assisted Living Facility.
- Individuals who are developmentally disabled.
- Individuals who need nursing home care but wish to remain in their home.
- Individuals who are disabled and working.
- Individuals who are in need of hospice care.
- Individuals with an acquired brain injury.
- Individuals who need help with prescription drugs.
- Individuals who are qualified or non-qualified aliens.



How do I apply for EqualityCare Health Insurance?

You can apply for all EqualityCare health insurance programs at the local Department of Family Services (DFS) offices, or by calling the DFS office. They will mail you an application. Phone numbers of the local DFS offices are located at the back of this handbook. EqualityCare applications are also available at various sites through the community such as Public Health offices, Women, Infants and Children (WIC) offices and various doctors' offices.

- Make sure the EqualityCare application is accurately completed with all applicable information.
- The application must be signed and dated.
- Once the application is completed, mail or take it to the local DFS office.
- A friend or relative may help you apply for EqualityCare.

Once I submit my application for EqualityCare, what happens?

When your application is received by DFS, it will be reviewed by a Benefit Specialist. They will determine which EqualityCare health insurance program(s) you may qualify for. Each EqualityCare health insurance program has certain income or resource guidelines that apply specifically to that program.



If you are **eligible** for EqualityCare health insurance programs, you will receive a letter explaining the month EqualityCare coverage begins and which members of your family are eligible. You will receive an EqualityCare card for each eligible individual.

If eligibility is **denied**, you will receive a letter explaining the reason for denial.

Can I get EqualityCare for past months?

For some EqualityCare health insurance programs, DFS can look back three months from the date of application to see if you may be eligible for benefits. Contact your local DFS office to apply for EqualityCare health insurance for past months.

How do I use the EqualityCare card?

Within approximately two weeks, you will receive an EqualityCare card in the mail for each eligible individual in your family. Show this card to your medical provider when you check in for your appointment. It is helpful to have your card with you at all times in case of an emergency. You must use a doctor, clinic or hospital that accepts EqualityCare health insurance or your medical bills will not be paid by EqualityCare. Ask the health care provider if they accept EqualityCare before services are provided.



FOR CHILDREN WHO HAVE EQUALITYCARE AND CHILDREN'S SPECIAL HEALTH (CSH) ELIGIBILITY...

Give the medical provider your child's EqualityCare card and CSH letter when checking in for an appointment. The letter from CSH explains which medical provider your child can see. The letter also explains which condition(s) the CSH program will cover while your child is eligible for the program.

THE ONLY PERSON WHO CAN USE THE EQUALITYCARE CARD FOR MEDICAL TREATMENT IS THE PERSON WHOSE NAME IS ON THE CARD.

What if I have EqualityCare Health Insurance and other health insurance or Medicare?

Present the EqualityCare card, along with proof of other health insurance or Medicare coverage, to the provider. Medical providers need this information to bill private insurance and Medicare before billing EqualityCare. If you have private insurance or Medicare, those insurance companies must be billed first. EqualityCare will only pay after all other insurance has been billed and paid their portion.

If you receive payment for medical bills from your private medical insurance, Worker's Compensation, or casualty insurance while you are covered by EqualityCare, you must turn the payment over to the EqualityCare program. Failure to do this may result in the loss of EqualityCare Health Insurance.

What if I am denied EqualityCare Health Insurance benefits?

YOUR CIVIL RIGHTS

You cannot be denied EqualityCare coverage or medical services because of your age, religion, disability, veteran status, gender, race or national origin. If you

believe you have been discriminated against you may file a complaint with the Office of Civil Rights, 1961 Stout Street, Room 1426, Denver, Colorado 80294 or phone 1-800-368-1019 toll free.



YOUR RIGHT FOR A HEARING

If you feel the Department of Family Services has denied, changed or terminated your benefits incorrectly or your request for medical services were denied by the Office of Medicaid, you may request an administrative hearing.

- A request for an administrative hearing must be made within 30 days of being notified of the denial, change or termination in your eligibility for benefits or if medical services are being denied.
- For denied, change, or termination of your eligibility, make your request on the back of the notice, then mail or hand deliver the request to your local DFS office.
- Requests for administrative hearings regarding the denial of medical services must be in writing. Please indicate your name, address and the reason you are requesting the hearing. Mail the hearing request to Office of Medicaid, 2300 Capitol Avenue, Cheyenne, WY 82002.

- If requesting an administrative hearing regarding Children's Special Health, your request must be in writing. Please mail the request to Wyoming Children's Special Health, Community and Family Health Division, 4020 House Avenue, Cheyenne, WY 82002.
- Requests for administrative hearings that are not received within 30 days from the date of the notice denying, changing, or terminating your eligibility, will be denied.
- Requests for administrative hearings will be reviewed, and if a hearing is granted you will be notified of the time and date of the hearing.
- A lawyer, relative, friend or other person may represent you, or you may represent yourself. If you hire a lawyer, you must pay any legal charges.



An administrative hearing is a review and discussion of your disagreement. It is not a court of law. A hearing officer, who is not involved in your case, listens to your complaint, explains the rules to you, answers your questions and sees that you are treated fairly.

What are my responsibilities while receiving EqualityCare?

WHILE YOU OR YOUR CHILDREN ARE RECEIVING EQUALITYCARE BENEFITS, YOU MUST:

- Report to your local DFS office any changes in your household such as another family member moving into or out of the household, changes in income, moving out of state, a member of the household being placed in jail, or being covered under another health insurance plan.
- Tell your medical provider you have EqualityCare insurance before you receive medical services.
- Show your EqualityCare Card to your medical provider.
- Tell your medical provider of any other medical insurance coverage you have.
- Pay your co-payments to your medical provider if co-payments apply to you.



What services are available through the EqualityCare Programs?

Benefits are listed on the next few pages. Please read carefully as there are some limitations and restrictions. Keep in mind that benefits may change. You may be eligible for some or all of these services. If you have questions on your benefits, call the EqualityCare Client Help Line at (307) 772-8402 in Cheyenne or 1-800-251-1269 toll free.

■ **Acquired Brain Injury (Medicaid) Waiver**

Services: Home and community based services for eligible adults ranging from age 21 to age 64 with an acquired brain injury and specified functioning levels.

■ **Adult Developmental Disabilities (Medicaid)**

Waiver Services: Home and community based services for eligible adults age 21 and older with mental retardation or developmental disabilities.

■ **Ambulance Services:** Emergency transportation by Basic Life Support ambulance, Advanced Life Support ambulance, or Air ambulance. Some non-emergency ambulance transportation may also be covered if the patient is in need of special care during the trip and if other means of travel would put the patient in danger.

■ **Ambulatory Surgical Center Services:**

Outpatient surgery performed in a free-standing facility.

■ **Assisted Living Facility (Medicaid) Waiver**

Program Services: Nursing home eligible clients, age 19 and above, may be served in an assisted living facility. Funding provides coverage for personal care, medication assistance, and 24-hour supervision. Clients are responsible for their own room and board costs.

■ **Child Developmental Disabilities (Medicaid)**

Waiver Services: Home and community based waiver services to qualified children and young adults under age 21 with mental retardation or developmental disabilities.

■ **Mental Health and Substance Abuse Services:**

Mental health and substance abuse services when provided by a community mental health center, a free-standing substance abuse treatment center, or a licensed psychologist.

■ **Dental Services:** Comprehensive dental services for children and young adults under the age of 21.

Braces are available only for clients under the age of 21 with severe bite problems (crippling malocclusion). A separate application is available from Dental Health



Services (307) 777-7947, or from your local Public Health Nurse for the treatment of this condition. Two emergency visits per calendar year are available for clients age 21 and older.

■ **Developmental Center Services:**

Developmental assessments and therapy services for children age 5 and younger.

■ **End-Stage Renal Disease (ESRD) Services:**

Outpatient dialysis services for kidney disease provided by a free-standing facility.

■ **Family Planning**

Services: A physician, nurse practitioner or a Family Planning Clinic furnishes family planning services to individuals of childbearing age. Pregnancy testing and contraceptive supplies and devices are covered.



This includes Norplant and Depo-Provera. Infertility services are not covered.

- **Health Check Exams:** Comprehensive well-child screening, diagnostic and treatment services for children and young adults

under 21 years of age. Exams

include: complete physical exam, immunizations, lab tests, lead

screening, growth

and development check, nutrition check, eye exam, mental health screening, dental screening, hearing screening and health education. Services must be provided by a physician, physician assistant, nurse practitioner, midwife, or a Public Health Nurse.



- **Hearing and Speech Therapy**

Services: Services of an

audiologist and hearing aids. Speech

therapy is covered for children and young adults under 21 years of age.



- **Home Health Services:** Skilled medical services provided by a home health agency to patients under a physician's plan of care.

- **Hospice Services:** Services delivered in a patient's home (or a nursing facility) under a doctor's order to terminally ill patients of any age. The services are only for care related to the terminal illness during the last months of the person's life.

■ **Hospital Services:**

Inpatient and outpatient services with some exceptions. Psychiatric care is limited to acute care stabilization and must be prior authorized. There are limits on emergency room visits for non-emergency reasons for clients age 21 and older. A co-payment is required for non-emergency visits.



■ **Intermediate Care Facility for the Mentally Retarded (ICF-MR) Services:**

Long-term care in a facility for mentally retarded clients who are unable to live outside an institution.

■ **Laboratory and X-ray**

Services: Includes radiology, ultra-sound, radiation therapy and nuclear medicine services, if ordered by a physician or nurse practitioner. Also annual routine pap tests and screening mammography.



■ **Long Term Care (Medicaid) Waiver Program**

Services: Services in the community offered to clients, age 19 and over, who would otherwise need to enter a nursing home. Clients may stay in their homes and receive specialized care. Clients opting for these services may use any other covered services, except nursing home care or another waiver program.

■ **Medical Supplies and Equipment:**

Medically necessary equipment and supplies for use in the home, if ordered by a physician. These services may be obtained through a pharmacy or medical supplier and may require prior authorization by EqualityCare.



■ **Psychiatric Hospital Services:**

Inpatient services for clients of all ages in need of acute inpatient psychiatric care are covered in acute care general hospitals. For clients under the age of 21, extended inpatient psychiatric care and residential treatment center (RTC) services may be available in enrolled psychiatric facilities.

■ **Nurse Practitioner and Nurse Midwife**

Services: Services provided by nurse-midwives and adult, pediatric, OB/GYN, geriatric and other nurse practitioners, when permitted by state law.

■ **Nursing Facility Services:**

Services for patients with medical needs who are unable to continue to live in the community. These services are subject to pre-admission screening for medical necessity. Nursing facility residents do not have limitations on prescription drugs and do not have to make co-payments on services.



■ **Organ Transplant Services:**

Medically necessary transplants are limited and require prior authorization.

■ **Occupational and Physical Therapy Services:**

Restorative therapy under written orders of a physician, when provided through a hospital, physician's office or by an independent occupational or physical therapist.

- **Prescription Drugs:** Most prescription and some over-the-counter drugs are covered. A prescription is required for all drugs. A co-payment may be required for clients age 21 and older.

■ **Prosthetics and Orthotics:**

Most services are covered.
Prior authorization required in some cases.



- **Rehabilitation Services:** Services to restore movement, speech or other functions after an illness or injury, when medically necessary and ordered by a physician.

- **Surgical Services:** Surgical procedures which are medically necessary.

- **Transportation Services:** Reimbursement for travel to obtain medical services may be available if your doctor refers you for medical services in another town. Please call the Travel Call Center at 1-800-595-0011 for assistance. Transportation will not be reimbursed if the Call Center has not been contacted prior to travel.

■ **Vision Services:**

Comprehensive services including eyeglasses for clients under the age of 21, with limits, when provided by an ophthalmologist, optometrist or optician.



What are the limits and restrictions to the EqualityCare Programs?

If you are unsure about current benefits, discuss it with your health care provider before receiving services. CSH program clients should contact their Public Health Nurse (PHN) with questions regarding covered services. If EqualityCare does not cover a service, you will be responsible for payment. The following services are NOT covered:

- Abortion, except as specified by Federal Law.
- Acupuncture.
- Autopsies.
- Biofeedback therapies and equipment.
- Cancelled or missed appointments.
- Chiropractic services, except where Medicare is the primary insurance.
- Chronic pain rehabilitation.
- Claims for which payment was fully made by another insurer.
- Community mental health services furnished outside of Wyoming.
- Cosmetic procedures.
- Educational supplies and equipment.
- Examinations or reports required for legal or other purposes not specifically related to medical care.
- Experimental procedures.
- Hysterectomies, except as provided by Federal Law.
- Infertility services including reverse sterilization, counseling, and artificial insemination.
- Personal comfort items.



- Physician visits are limited to 12 per calendar year for clients age 21 and older.
- Physical Therapy and Occupational Therapy visits are limited to 20 per calendar year for clients age 21 and older.
- Podiatrist services, except where Medicare is the primary insurance.
- Private duty nursing services.
- Room and board for waiver clients.
- Services provided to a client outside the United States.
- Services provided to a client in emergency detention.
- Services provided to a client who is an inmate of a public institution or is in the custody of state, local, or federal law enforcement agency.
- Services that are not medically necessary.
- Services that are not prescribed by a physician or other licensed practitioner.
- Services that are performed by a provider who is not enrolled with EqualityCare.
- Sterilizations, except as specified by Federal Law.
- Transsexual surgery, including follow-up services or treatment.
- Waiver services furnished while the client is an inpatient of a hospital, nursing facility or other institution.



There may be additional services that are not covered by the individual programs. Refer to the Services Available section of this handbook to see if EqualityCare covers a specific service or call the Client Help Line at 772-8402 in Cheyenne, or 1-800-251-1269 toll free.

What is Health?

Physical and mental health is the overall condition of your mind and body. Health is a state of your well-being, and not just the absence of disease, sickness or injury. Health is when your body functions as it is supposed to. When you are feeling sick or not able to do things for yourself, you may not be healthy. It is important that you participate in your health and healthcare.

What can I do to be healthy?

Maintaining healthy habits will give you and your children the best chance of staying healthy and active and feeling good about yourself throughout your life. If you have health problems, good health habits are even more important.

- Stay up to date with immunizations and health screenings
- Be physically active
- Eat right — limit fast food and junk food
- Maintain a healthy body weight
- Be tobacco-free
- Avoid drugs and excess alcohol
- Manage stress
- Take care of your teeth
- Practice safety



When should I see a Health Care Provider?

You should see a health care provider when you feel sick, for vaccinations, for routine checkups, and for most of your medical needs.

- It is important to check your health on a regular basis, because your body can go through changes without you realizing them.
- Remember, regular and routine examinations by a qualified medical professional can help you have better health.



What am I expected to do when I go to a clinic?

You are expected to show up 30 minutes early for your first visit and then 15 minutes early for any additional appointments. (This is so you have time to fill out paper work). Always attend scheduled appointments or call ahead of time to cancel.

Bring any medical information you have regarding your current and past medical conditions/problems, such as shot records, pill bottles for medication you are currently prescribed, surgeries, and the names of health care providers and clinics that you have been to recently.



Bring your EqualityCare Card and any other public or private health insurance information.

YOU WILL BE RESPONSIBLE FOR:

- Providing medical information about yourself and any family medical history.
- Paying any co-payment established by EqualityCare to your health care provider for services received.
- Paying your health care provider for services you receive that are not covered by the EqualityCare program, that you have agreed to prior to the service being provided.
- Following any treatments your health care provider instructs you to do. If you don't, your provider may not want to care for you anymore. Your provider may not want to be responsible for your care, unless you follow his/her treatment plans. Tell your provider if you don't plan to take the medicine they prescribe, or follow the treatment they recommend.
- Getting any medication prescribed by your health care providers and taking it as instructed.
- Using good manners with the clinic staff and clients.
- Respecting the privacy of other clients.



HEALTH CARE PROVIDERS ARE RESPONSIBLE FOR:

- Informing you if they are not enrolled with EqualityCare or if they are not willing to accept you as an EqualityCare client.
- Performing only services that are medically necessary.
- Advising you if the EqualityCare programs do not cover the service they provide or recommend, before the service is provided.



- Completing medical reports for CSH clients.
- Accepting EqualityCare payment as payment in full. Clients cannot be billed for the balance due for program-covered services.

Clients should not be billed for the following types of services:

- Charges your health care provider was required to request prior authorization for and did not do so.
- Charges not paid because of your health care provider's billing error.
- Unnecessary medical services you did not choose to receive. If you chose to receive these services in writing, you will be responsible for the payment.
- Charges higher than EqualityCare pays, except for EqualityCare co-payments.

YOU ARE NOT RESPONSIBLE FOR THE COMPLETION AND/OR SUBMISSION OF EQUALITYCARE CLAIM FORMS. IF A PROVIDER ACCEPTS YOU AS A CLIENT AND AGREES TO BILL EQUALITYCARE, THEY MAY NOT CHARGE YOU FOR FILING THE CLAIM.



When should I go to the Emergency Room?

Emergency rooms are for emergencies and life-threatening situations, and should not be used for any other purpose. Emergency room care is expensive.

Do not go to the emergency room for care that should take place in a health care provider's office, such as sore throats, colds, flu, earache, minor back pain, and tension headaches.



Emergency care is covered 24 hours a day, 7 days a week. An emergency is a serious threat to your health. If you believe you have an emergency, go to the nearest emergency room or call 911. Some examples of emergencies are:

- Trouble breathing
- Chest pain
- Severe cuts or burns
- Loss of consciousness/blackout
- Bleeding that does not stop
- Vomiting blood
- Broken bones



What are my Rights under the EqualityCare Health Insurance Programs?

It is important that you are comfortable with your health care provider and the overall care you receive. By being informed of your rights and responsibilities, you can have peace of mind in the care you are receiving.

YOU HAVE THE RIGHT:

- To receive considerate, respectful, and confidential care from your clinic and your health care provider.
- To receive services without regard to race, religion, political affiliation, gender, or national origin.
- To be told if something is wrong with you, and what tests are being performed, in words that you can understand.
- To ask questions about your health care with your health care provider.
- To be able to voice your opinion about the care you receive, and to share in all treatment decisions.
- To receive an explanation about medical charges related to your treatment.
- To read your medical record.
- To refuse any medical procedure.
- To request an interpreter if you are deaf or if you do not understand English.



What is Estate Recovery?

ESTATE RECOVERY HELPS THE STATE OF WYOMING GENERATE FUNDS TO PAY MEDICAL CARE COSTS, THROUGH THE EQUALITYCARE PROGRAM, FOR THE INCREASING NUMBER OF PEOPLE IN NEED OF CARE.

The federal government requires state Medicaid programs to seek repayment from the estates of certain deceased clients who have benefited from the EqualityCare program. The State will pursue recovery of medical care costs paid by the EqualityCare program from the estate of an EqualityCare recipient, age 55 years or older, when he/she received medical assistance, or if the person was an inpatient in a medical institution when he/she received medical assistance.



Important Reminders!

Benefits are available through the Department of Health to all eligible persons under Titles VI and VII of the Civil Rights Act regardless of age, religion, disability, veteran status, gender, race, or national origin. If you do not agree with a decision, you may request reconsideration or a fair hearing.

- If you receive a notice of denial, change, or reduction of medical services from the Department of Health, you must make your request in writing within 30 days from the date on the notice. You must mail or deliver your request to the Office of Medicaid, 2300 Capitol Avenue, Cheyenne, WY 82002.
- If you receive a notice of denial, change, or reduction of eligibility from the local Department of Family Services, you must make your request in writing within 30 days from the date on the notice, and mail or deliver your request to your local DFS office.
- CSH clients must mail or send their written request to Wyoming Children's Special Health, Community and Family Health Division, 4020 House Avenue, Cheyenne, WY 82002, within 30 days of being notified of a change to their benefits.



The EqualityCare agency will review your request, make a decision about your services and if a hearing is granted, notify you of the time and date of the hearing. A lawyer, relative, friend or other person may represent you or you may represent yourself. If you hire an attorney, you must pay any legal charges.

BE SURE THE PROVIDER ACCEPTS EQUALITYCARE BEFORE YOU RECEIVE ANY SERVICES.

Payments cannot be made to you. Payments are only made to healthcare providers such as doctors and hospitals enrolled in the program. The only exception is covered travel, where we reimburse you directly. Be sure the provider accepts EqualityCare before you receive any services. If the provider does not accept EqualityCare, you will be responsible for the bill.

If the provider is enrolled, there is no guarantee that they will bill EqualityCare. Always ask if the program will be billed before you receive the service. If the provider states that EqualityCare will not be billed and you decide to receive the service anyway, you are responsible for paying any bills.

EqualityCare is a complex set of programs that change often. Federal regulations, state laws, and court decisions often mean changes in the programs. This information was accurate at the time that this handbook was published, but changes may have occurred since then. For the most updated information, call the Client Help Line at (307) 772-8402 in Cheyenne, or 1-800-251-1269 toll free.



For More Information

If you would like more information, or if you have other questions about the EqualityCare programs, please contact one of the following agencies:

- For eligibility questions call your local DFS office.
- For CSH eligibility call your local Public Health Nursing (PHN) office.
- For information on services and limitations call the Client Help Line at (307) 772-8402 in Cheyenne or 1-800-251-1269.
- For information on services and limitations for the CSH programs call (307) 777-7941, or 1-800-438-5795.
- For information on immunizations, Health Check, home health care, family planning, or general health care for you and your family, call your local PHN office.
- For KidCare CHIP eligibility, call the KidCare CHIP at 1-877-KIDSNOW (1-877-543-7669) in Wyoming or 1-888-996-8786 outside of Wyoming.

Telephone numbers for your local Department of Family Services (DFS), Public Health Nursing (PHN), and Women Infants and Children (WIC) offices are listed on the following pages, by county.



County	Agency	Phone #
Albany	DFS	(307) 745-7324
	PHN	(307) 721-2561
	WIC	(307) 721-2535
Big Horn	DFS	(307) 765-9453 (Greybull)
		(307) 548-6503 (Lovell)
	PHN	(307) 765-2371 (Greybull)
		(307) 548-6591 (Lovell)
Campbell	DFS	(307) 682-7277
	PHN	(307) 682-7275
	WIC	(307) 686-8560 (Gillette)
Carbon	DFS	(307) 328-0612
	PHN	(307) 328-2607 (Rawlins)
		(307) 326-5371 or 326-9884 (Saratoga)
	WIC	(307) 328-2606 (Rawlins)
Converse	DFS	(307) 358-3138 (Douglas)
		(307) 436-9068 (Glenrock)
	PHN	(307) 358-2536
		(307) 436-9376 (Glenrock)
	WIC	(307) 358-4003
Crook	DFS	(307) 283-2014
	PHN	(307) 283-1142
Fremont	DFS	(307) 332-4038 (Lander)
		(307) 856-6521 (Riverton)
	PHN	(307) 332-1073 (Lander)
		(307) 856-6979 (Riverton)
	WIC	(307) 332-1034 (Lander)
		(307) 857-3199 (Riverton)

Goshen	DFS	(307) 532-2191
	PHN	(307) 532-4069
	WIC	(307) 532-5881
Hot Springs	DFS	(307) 864-2158
	PHN	(307) 864-3311
Johnson	DFS	(307) 684-5513
	PHN	(307) 684-2564
	WIC	(307) 351-0306
Laramie	DFS	(307) 777-7921
	PHN	(307) 633-4000
	WIC	(307) 633-4010
Lincoln	DFS	(307) 877-6670 (Kemmerer)
		(307) 886-9232 (Afton)
	PHN	(307) 877-3780 (Kemmerer)
		(307) 885-9598 (Afton)
Natrona	DFS	(307) 473-3900
	PHN	(307) 235-9340
	WIC	(307) 265-6408
Niobrara	DFS	(307) 334-2153
	PHN	(307) 334-2609
	WIC	(307) 334-2609
Park	DFS	(307) 587-6246 (Cody)
		(307) 754-2245 (Powell)
	PHN	(307) 527-8570 (Cody)
		(307) 754-8870 (Powell)
	WIC	(307) 754-8880 (Powell)

Platte	DFS	(307) 322-3790
	PHN	(307) 322-2540
Sheridan	DFS	(307) 672-2404
	PHN	(307) 672-5169
	WIC	(307) 674-2550
Sublette	DFS	(307) 367-4124
	PHN	(307) 367-2157
Sweetwater	DFS	(307) 362-5630
	PHN	(307) 352-6830 (Rock Springs)
		(307) 872-6320 (Green River)
	WIC	(307) 352-6783
Teton	DFS	(307) 733-7757
	PHN	(307) 733-6401
	WIC	(307) 886-9071 (Afton)
		(307) 734-1060 (Jackson)
Uinta	DFS	(307) 789-2756 (Evanston)
		(307) 786-4011 (Lyman)
	PHN	(307) 789-9203 (Evanston)
		(307) 787-3800 (Lyman)
Washakie	WIC	(307) 789-8943
	DFS	(307) 347-6181
	PHN	(307) 347-3278
Weston	WIC	(307) 347-9249
	DFS	(307) 746-4657
	PHN	(307) 746-3378
	WIC	(307) 746-2677

EqualityCare HANDBOOK

Wyoming Department of Health
EqualityCare Public Health Care Programs
2300 Capitol Avenue
Cheyenne, WY 82002

CLIENT HELP LINE:
772-8402 in Cheyenne
or **1-800-251-1269** toll free
<http://wdh.state.wy.us/medicaid>